

Module 10:

**Postpartum
Nutrition**

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Overview

Introduction

This module provides information for breastfeeding and non-breastfeeding postpartum women.

Learning Objectives

After completing this module, the CNW will be able to:

- describe the general nutritional needs of postpartum women,
 - describe common postpartum problems and identify solutions to these problems,
 - identify indicators of nutritional need and specify conditions for a postpartum woman's WIC eligibility,
 - discuss family planning methods,
 - in case study situation, assess a postpartum woman's anthropometric, biochemical, clinical, and dietary status, and
 - in a role play situation, interview and provide individual education to a postpartum woman.
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Words that you may not know are **underlined. Definitions for these words can be found in the **Glossary** at the end of the module. (Note: Words are only underlined the first few times they appear in the text.)*

After the Birth

Definition of Postpartum

Postpartum is the period of time after birth.

Postpartum women are women who have recently given birth.

Postpartum Period May Be Stressful

For the new mother, the postpartum period may be quite stressful. This may be due to:

- the physical stress of pregnancy and delivery,
- the large amount of work to do with little time for rest or sleep, and
- the need of other family members for attention while the new baby becomes the focus of attention.

Because of the stress, the new mother may forget about her own health and nutrition.

Needs of the New Mother

The postpartum period is a time of dramatic emotional and physical change for the new mother.

Whether breastfeeding or bottlefeeding, the new mother should be encouraged to take good care of herself. She will need to:

- replace the nutrients lost during pregnancy and delivery,
 - return to a healthy weight,
 - eat a healthy diet,
 - see her doctor for the postpartum medical visit, and
 - consider family planning.
-

Learning Activity 1

To learn more about what a new mother may experience, you may want to try **Learning Activity 1**.

Nutritional Needs of Postpartum Women

Importance of Postpartum Woman's Diet

The postpartum woman needs to eat a nutritious diet:

- to replace the nutrients she lost during pregnancy,
- for energy, and
- to maintain her body.

Nutrition Recommendations

The chart on the next page lists general nutrition recommendations for postpartum women.

Recommended Diet

A postpartum woman's diet should replace nutrients lost during pregnancy and include nutrients needed to maintain her body.

Recommended Food Group Servings

Use the *Food Guide Pyramid* and the *Food Group Servings for Postpartum Women* charts on the following pages to guide you when talking with a postpartum participant.

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Nutritional Needs of Postpartum Women (continued)

General Nutrition Recommendations For Postpartum Women

- Eat a wide variety of foods with high nutrient density (many of nutrients provided in a moderate amount of calories).
- Eat the recommended servings from each food group using the *Food Guide Pyramid* as a guide for family meal selection and preparation.
- Use foods and recipes that require little or no preparation (avoid high-fat fast foods).
- Take in plenty of fluids such as water, juice, and soups.
- Avoid:
 - fad weight reduction diets,
 - harmful substances (such as alcohol, tobacco and drugs), and
 - excessive intake of fat, salt, caffeine, sugar, and artificial sweeteners.

Nutritional Needs of Postpartum Women (continued)

Food Guide Pyramid-
Postpartum Women



** 4 servings milk products for women less than 24 years old

*** 3 servings protein foods for breastfeeding women

Nutritional Needs of Postpartum Women (continued)

Food Group Servings for Postpartum Women

Food Group	Servings	Foods
Breads, Cereals & Grains	6-11	Bread, tortilla, crackers, roll, bun, bagel, muffin, biscuit, pancake, cooked rice, noodles, macaroni, spaghetti, cold cereal, hot cereal
Vegetables	3-5	<p><u>Vitamin A-Rich Vegetables:</u> Carrot, greens, tomato, spinach, winter squash, sweet potato, bok choy, red bell pepper, red chili pepper</p> <p><u>Vitamin C-Rich Vegetables:</u> Broccoli, tomato, cabbage, cauliflower, bell pepper, chili pepper</p> <p><u>Other Vegetables:</u> Potato, peas, green beans, corn, lettuce, summer squash, zucchini, asparagus</p>
Fruits	2-4	<p><u>Vitamin A-Rich Fruits:</u> Cantaloupe, apricot, mango, papaya</p> <p><u>Vitamin C-Rich Fruits:</u> Orange, lemon, tangerine, cantaloupe, strawberry, kiwi, grapefruit, mango, papaya, orange juice, grapefruit juice, juices with Vitamin C added</p> <p><u>Other Fruits:</u> Apple, banana, grapes, peach, nectarine, raisins, pear, watermelon, pineapple</p>

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Nutritional Needs of Postpartum Women (continued)

Food Group Servings for Postpartum Women

Food Group	Servings	Foods
Milk Products	3-4**	Milk, yogurt, cheese, cottage cheese <i>Eat mostly non-fat or low-fat milk products.</i>
Protein Foods	2-3***	<u>Vegetable Protein:</u> Cooked dry beans or peas, peanut butter, nuts, seed, soy products (such as tofu) <u>Animal Protein:</u> Chicken, turkey, fish, beef, pork, eggs

**4 servings for young women less than 24 years old

***3 servings for breastfeeding women

Nutritional Needs of Postpartum Women (continued)

Needs May Vary

The number of servings from each of the food groups recommended for a postpartum woman may differ slightly, depending on the postpartum woman's needs. The number of servings will depend on the woman's:

- age,
- body size,
- activity level (calories),
- weight before pregnancy,
- weight after pregnancy,
- weight gained during pregnancy, and
- breastfeeding status.

For example, a tall, breastfeeding teen who was underweight before she became pregnant and who gained only 18 pounds during her pregnancy will need more servings from the food groups than an overweight short adult woman who gained 35 pounds during pregnancy.

Needs of Teens & Young Adults

Postpartum teens and young adults up to age 24 have slightly greater nutritional needs than women over age 24.

Women under age 24 should have **4** servings from the Milk Products group in order to get the calcium needed for bone growth.

Needs of Breastfeeding Women

Breastfeeding women, when compared to non-breastfeeding women, usually need:

- more calories and
- more servings from the Protein Foods group.

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Nutritional Needs of Postpartum Women (continued)

Needs of Breastfeeding Women (continued)

A breastfeeding woman needs about the same number of calories in her diet as she did while pregnant. Her caloric needs will be greatest during the first six months (if the baby is not receiving large amounts of supplemental foods and formula).

A breastfeeding mother should also take in at least **3** servings of foods from the Protein Foods group.

Needs of Women Recovering from C- Sections

Postpartum women who are recovering from Cesarean sections need extra nutrients for healing. They need to take in enough:

- Vitamin C and
 - protein.
-

Women with Special Needs

Postpartum women who have special needs, such as diabetes, hypertension, or cancer, should be referred to the Registered Dietitian/nutritionist.

Common Problems

Problems & Concerns

There are several common problems and concerns that postpartum women experience. These are:

- anemia,
- constipation,
- depression,
- discomfort,
- fatigue,
- getting in shape, and
- hemorrhoids.

It is recommended to become familiar with these problems so that you can help postpartum women identify solutions.

Chart of Problems & Solutions

The chart below and on the next few pages lists these problems and some possible solutions.

Learning Activity 2

To learn more about postpartum problems, you may want to try **Learning Activity 2**.

Common Problems & Solutions

Problem	Solution(s)
Anemia (low iron levels in the blood) Anemia is commonly due to: <ul style="list-style-type: none">• low iron stores,• multiple fetuses,• demands of pregnancy, and• blood loss at and after delivery (as in C- sections).	<i>Refer to Healthcare Provider if Hemoglobin is outside of "Nutritionist" range of values for two consecutive Certifications (see Anemia Cutoff Tables in your clinic).</i> <ul style="list-style-type: none">• Eat iron-rich foods (such as beans and iron-fortified cereals) along with Vitamin C-rich foods (such as orange juice, tomatoes, and broccoli). Vitamin C helps the body with iron absorption.• Cook foods in cast-iron cookware.• Continue to take prenatal vitamins or iron supplements with doctor approval. Decrease intake of coffee and tea (they interfere with iron absorption).

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Common Problems (continued)

Common Problems & Solutions (continued)

Problem	Solution(s)
Constipation (less often than usual or difficult bowel movements) may be due to: <ul style="list-style-type: none">• stress on stomach and intestines during delivery and/or• inappropriate diet.	<i>Recommend that participant see her doctor if situation lasts for more than a week.</i> <ul style="list-style-type: none">• Drink:<ul style="list-style-type: none">➤ plenty of fluids to help keep the stool soft,➤ small amounts of prune juice, and/or➤ hot or very cold liquids to bring on a bowel movement.• Eat high-fiber foods (such as bran cereals, whole-grains, dried fruits, fresh fruits and vegetables).• Do mild exercise (such as walking) each day.• Do not force bowel movements.• Do NOT use:<ul style="list-style-type: none">➤ laxatives unless advised by a doctor or➤ mineral oil (it interferes with absorption of fat-soluble vitamins).

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Common Problems (continued)

Common Problems & Solutions (continued)

Problem	Solution(s)
<p>Depression (<u>postpartum depression</u> or “baby blues”) are feelings of sadness after delivery that may last for several months.</p>	<p><i>Refer participant to her doctor if she appears severely depressed, cries constantly, has a blank stare, or seems unable to cope and follow-up at next visit.</i></p> <ul style="list-style-type: none"> • Be aware that postpartum depression: <ul style="list-style-type: none"> ➤ is very common (2/3 of all new mothers experience it), and ➤ may be caused by changes in her hormone levels. • Talk about concerns with others for emotional support and understanding • Participate in a new mothers support group • Do something special for herself.
<p>Discomfort (such as breast soreness, aches and pains from delivery)</p>	<p><i>If the woman is breastfeeding, refer her to a lactation specialist.</i></p> <ul style="list-style-type: none"> • Be aware that discomfort is common among new mothers. • Get plenty of rest.

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Common Problems (continued)

Common Problems & Solutions (continued)

Problem	Solution(s)
<p>Fatigue is probably the most common complaint for postpartum women. Fatigue is usually due to:</p> <ul style="list-style-type: none">• lack of sleep and• trying to “do it all.”	<ul style="list-style-type: none">• Rest whenever possible (“nap when the baby naps” is especially helpful advice).• Go to bed early at night to make up for sleep lost during night feedings.• Ask family members to help out with household chores and meals.• Keep housework simple (do only what is needed).
<p>Getting in Shape</p> <p><i>Women often want to lose the extra weight they gained during pregnancy right away.</i></p>	<ul style="list-style-type: none">• Eat a nutritious diet.• Exercise regularly.• Do NOT:<ul style="list-style-type: none">➤ diet during the first few weeks,➤ fast to lose weight, and/or➤ use fad diets.• To lose weight:<ul style="list-style-type: none">➤ lose 1 to 2 lbs/week and➤ lose the last 5 to 10 lbs gradually over several months.

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Common Problems (continued)

Common Problems & Solutions (continued)

Problem	Solution(s)
Hemorrhoids	<p><i>A participant should NOT use medications unless advised by a doctor.</i></p> <ul style="list-style-type: none">• Sit in a warm bath for 15-20 minutes.• Apply Witch Hazel with cotton balls. (Refrigerated Witch Hazel may be more soothing since it is cold.)• Apply an ice pack to area.• Use recommendations for treating constipation (since straining due to constipation often causes hemorrhoids).

Indicators of Nutritional Need

Charts of indicators of Nutritional Need

The 4 charts on the next pages list and describe for postpartum women:

- indicators of nutritional need (anthropometric, biochemical, clinical, and dietary),
 - corresponding levels of nutrition intervention.
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Learning Activity 3, 4, and 5

To learn more about how to provide nutrition education to postpartum women, you may want to try **Learning Activity 3, Learning Activity 4, and Learning Activity 5** found at the end of this module.

Anthropometric Indicators

Indicator	Description
Underweight	Current BMI <19.8
Overweight	Current BMI between 26.1 and 29.0
Very Overweight	Current BMI >29.0
High Maternal Weight Gain Totals	For most recent pregnancy, total weight gained was: <ul style="list-style-type: none">• >40 lbs for underweight• >35 lbs for normal weight• >25 lbs for overweight• >15 lbs for obese

Biochemical Indicators

Indicator	Description
Anemia	Low hemoglobin (see tables in your clinic)
Lead Poisoning	Blood lead level ≥ 10 mcg/dl within past 12 months

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Clinical Indicators

Indicator	Description
Gestational Diabetes Mellitus	Gestational diabetes in most recent pregnancy
Preterm Delivery	Most recent delivery in ≤ 37 weeks
Low Birth Weight	Birth weight of most recent newborn is ≤ 2500 g or 5 lbs 8 oz.
Fetal Death	Fetal death ≥ 20 weeks gestation for most recent pregnancy
Neonatal Death	Newborn death ≤ 28 days after birth for most recent pregnancy
Spontaneous Abortion, Fetal or Neonatal Loss	<ul style="list-style-type: none"> • Spontaneous termination at < 20 weeks or < 500 g or • Fetal or neonatal death
Closely Spaced Pregnancy	Conception before 16 months postpartum for most recent pregnancy
Multi-fetal Gestation	Most recent pregnancy resulted in twins, triplets or more

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Large for Gestational Age Infant	Birth weight of most recent newborn is: <ul style="list-style-type: none">• ≥9 lbs (or 4,000 g) or• ≥90th percentile weight for gestational age at birth
Birth with Nutrition-Related Congenital or Birth Defect	Most recent pregnancy resulting in congenital or birth defect related to inappropriate nutritional intake such as inadequate intake of zinc or folic acid or excess of Vitamin A
Diabetes Mellitus	Diabetes Mellitus Type 1 or 2
Chronic Hypertension	Current high blood pressure
Active TB	Tuberculosis within the past six months
Renal (Kidney) Disease	Current kidney disease, including, but not limited to: <ul style="list-style-type: none">• pyelonephritis• persistent proteinuria
Cardio-Pulmonary Disease	Current cardiopulmonary disease severe enough that it affects nutritional status

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Gastrointestinal Disorders	Current disease or condition that interferes with intake or absorption of nutrients including, but not limited to: <ul style="list-style-type: none"> • stomach or intestinal ulcers • small bowel enterocolitis and syndrome • inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) • liver disease • pancreatitis • gallbladder disease • inflammatory condition of the small intestine due to ingestion of wheat products (such as Celiac Sprue, gluten enteropathy, non-tropical sprue)
Thyroid Disorder	Current hyperthyroid or hypothyroid condition
Cancer	Current cancer for which treatment or condition affects nutritional status
Central Nervous System (CNS) Disorders	Current CNS disorders (such as epilepsy, cerebral palsy, neural tube defects, Parkinson's disease, and multiple sclerosis) that: <ul style="list-style-type: none"> • affect energy requirements and ability to feed self • alter nutritional status
Maternal Smoking	Any daily smoking (use) of tobacco products
Drugs	Use of any illegal drugs
C-Section	Cesarean section for most recent pregnancy

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Infectious Diseases	Presence of infectious disease affecting nutritional status
Inborn Errors of Metabolism	Gene mutations or gene deletions that alter metabolism including, but not limited to: <ul style="list-style-type: none">• Phenylketonuria (PKU)• Maple Syrup Urine Disease (MSUD)• Galactosemia• Hyperlipoproteinemia• Homocystinuria• Tyrosinemia• Histidinemia• Urea Cycle Disorders• Glutaric Aciduria• Methylmalonic Acidemia• Glycogen Storage Disease• Galactokinase Deficiency• Fructoaldolase Deficiency• Propionic Acidemia• Hypermethionemia
Developmental Sensory, or Motor Delays	Developmental, sensory, or motor delays (such as delays due to head trauma, brain damage, birth injury) that: <ul style="list-style-type: none">• interfere with ability to eat• restrict ability to chew or swallow• require tube feeding

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Homeless	Woman lacks a fixed, regular nighttime residence; or has residence in a shelter, institution for temporary residence, residence of another individual used for temporary accommodation, or a place not designed or usually used for accommodating people
Recipient of Abuse	Within the past 6 months, has been abused emotionally, physically, or sexually
Eating Disorder	<p>Condition in which the woman has a distorted sense of body image and fear of becoming fat. Symptoms may include:</p> <ul style="list-style-type: none"> • self-induced vomiting • abuse of laxatives and enemas • periods of starvation • use of appetite suppressants or diuretics • self-induced, marked weight loss
Migrant	Member of a family where, within the past 24 months, at least 1 individual has worked in agriculture on a seasonal basis and has a temporary home for this work
Drug Nutrient Interactions	Use of medications that interfere with nutrient intake or utilization such that nutritional status is affected

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Nutrient Deficiency Diseases	Diagnosis of a nutritional deficiency or disease caused by insufficient dietary intake of nutrients such as: <ul style="list-style-type: none"> • Protein Energy Malnutrition (PEM) • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia
Pregnancy at a Young Age	Conception date or date of LMP \leq 17 years of age
High Parity & Young Age	Under age 20 at conception of most recent pregnancy and 3 or more previous pregnancies (\geq 20 weeks gestation)
Hypoglycemia	Low blood sugar level
Other Medical Diseases & Conditions	Medical diseases or conditions and their treatments that affect nutritional status including, but not limited to: <ul style="list-style-type: none"> • Juvenile Rheumatoid Arthritis • Lupus Erythematosus • Cystic Fibrosis
Genetic & Congenital Disorders	Genetic and congenital disorders that affect nutritional status, metabolically or mechanically including but not limited to: <ul style="list-style-type: none"> • Down's Syndrome • cleft lip or palate • Muscular Dystrophy

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Food Allergies	Reaction to a food that causes an adverse immunologic response or hypersensitivity
Lactose Intolerance	Woman has insufficient production of the enzyme lactase causing an inability to digest the milk sugar lactose
Major Surgery, Trauma, Burns	Recent major surgery, trauma, burns: <ul style="list-style-type: none">• within past 2 months such that nutritional status is affected or• > 2 months if doctor diagnoses need for continued nutritional support
Depression	Woman is diagnosed by a physician as having depression
Limited Ability to Make Feeding Decisions and/or Prepare Food	Woman has limited ability to make feeding decisions and/or prepare food, including individuals who are: <ul style="list-style-type: none">• ≤17 years old• mentally disabled/delayed, including clinically depressed• physically disabled to a degree that restricts or limits food preparation abilities• currently using or have history of abusing alcohol/drugs

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Severe Dental Problems	Dental problems so severe that they affect the ability to ingest adequate quantity or quality of foods, including, but not limited to: <ul style="list-style-type: none">• tooth decay• periodontal disease• tooth loss• ineffectively replaced teeth• gingivitis
Alcohol Use	<ul style="list-style-type: none">• Current routine drinking of 2 or more alcoholic drinks/day• Current binge drinking of 5 or more alcoholic drinks on the same occasion in the past 30 days• Current heavy drinking of 5 or more alcoholic drinks on 5 or more days in the past 30 days
Pica	Craving or ingestion of non-food items such as: clay, laundry or corn starch, dirt, ashes, paint chips or large quantities of ice or baking soda

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Indicators of Nutritional Need (continued)

Clinical Indicators (continued)

Indicator	Description
Recurrent Plugged Ducts	Having recurrent plugged ducts
Failure of Milk to Come In	Failure of milk to come in by 4 days postpartum
Severe Breast Engorgement	Severe breast engorgement
Tandem Nursing	Nursing an infant and toddler at the same time
Breastfeeding Woman ≥40 Years Old	Mother ≥40 years old
Failure to Meet USDA/DHHS Dietary Guidelines for Americans	Poor diet as documented by dietary assessment
Vegan Diet	Consuming of plant origin-foods only (eating no animal products or foods made with animal ingredients)
Highly Restrictive Diet	Diet low in calories, severely limiting or involving high risk eating patterns
Breastfeeding a WIC Infant at Nutritional Risk	Breastfeeding a WIC infant at nutritional risk

Family Planning

Definition

Family planning is planning:

- how many children to have and
 - when to have children.
-

Spacing Pregnancies

WIC recommends that a woman wait a year or more before getting pregnant again. This time allows:

- each child to spend time with her/his mother,
- the family to save some money (since diapers and clothes are costly),
- the mother to replace the nutrients her body used during pregnancy (especially nutrients such as iron, folate, Vitamins B6 and B12, and calcium), and
- the family to adjust to the new family member.

Waiting longer than a year is even better.

Pregnancies spaced 18-23 months result in lower risk of:

- low birth weight and
 - premature delivery.
-

Family Planning Methods

Family planning methods are ways to prevent pregnancy.

The method a participant chooses will depend on:

- health risks (such as protection from sexually transmitted diseases),
 - convenience of use,
 - cost,
 - effectiveness,
 - lifestyle,
 - reversibility, and
 - cultural beliefs.
-

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Family Planning (continued)

Charts

Two family planning charts are included on the next few pages. The two charts are:

- *Description, Advantages, & Disadvantages of Methods*
- *Contraceptive Failure Rates.*

Use these two charts to guide you when you discuss family planning methods with participants.

Description, Advantages, & Disadvantages of Methods

Abstinence (not having sexual intercourse)

Advantages:

- The most effective method of birth control - **continuous abstinence is 100% effective in preventing pregnancy and sexually transmitted diseases**
- No medical or hormonal side effects
- Safe for breastfeeding and non-breastfeeding mothers

Disadvantages:

- Person(s) may be unprepared for birth control when period of abstinence has ended
- Person(s) may find it difficult to abstain for periods of time

Birth Control Pill (prescription pill taken daily that prevents ovaries from releasing eggs)

Advantages:

- Low failure rate (3%)
- Can help prevent ovarian and fallopian tube infections
- More regular periods
- Less menstrual flow, menstrual cramping, and premenstrual cramping
- Fewer ectopic pregnancies

Disadvantages:

- Does not protect from HIV infections or other sexually transmitted diseases (STD's)
- Antibiotics and anti-seizure medications may alter its effectiveness
- Risk of blood clots, stroke, heart attack, and liver tumors
- Possible nausea and vomiting during first few cycles
- Must be taken on a regular (daily) schedule

Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Cervical Cap (soft rubber cup placed over the cervix) and
Diaphragm (dome-shaped latex cap that must be coated with spermicide and inserted in the vagina to cover the cervix before intercourse)
Cervical caps and diaphragms block the entrance to the uterus and immobilize sperm.

Advantages:

- Can be put in ahead of time
- Can be left in for 24-48 hours
- Safe for breastfeeding and non-breastfeeding mothers
- Can easily be carried in pocket or purse
- Generally cannot be felt by either partner
- Do not affect a woman's hormones

Disadvantages:

- Do NOT protect from HIV infection or other STDs
- High failure rate (18%)
- May come loose during intercourse
- May be difficult to insert
- Must be inserted every time a woman has intercourse
- May require refitting
- May cause allergic reaction (to latex or spermicide)
- Diaphragm sometimes causes bladder infections

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Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Depo-Provera (A synthetic hormone, usually injected into the upper arm or buttocks, that prevents ovulation)

Advantages:

- Effective within 24 hours of injection
- Shot lasts for about 12 weeks
- Low failure rate (less than 1%)
- May protect against endometrial (uterine) cancer and ovarian cancer
- Convenient
- Useful for women who cannot take estrogen
- May reduce menstrual cramps

Disadvantages:

- Does not protect from HIV infection or other STDs
- May delay conception as long as 18 months after ending use
- May cause changes in menstrual blood flow (often fewer and lighter periods, sometimes longer and heavier periods, sometimes light spotting and breakthrough bleeding)

Female Condom (a polyurethane (plastic) pouch with a flexible ring at both ends---the ring at the closed end is inserted into the vagina and placed over the cervix; the ring at the open ends remains outside the vagina).

Advantages:

- Available without a prescription
- May prevent HIV infection or other STDs
- Made of polyurethane, which is stronger than latex
- Safe for breastfeeding and non-breastfeeding mothers
- Insertion is easy once learned
- Allows women to share responsibility for preventing infection
- Useful for people who are allergic to latex

Disadvantages:

- May tear, bunch up, or dislodge during intercourse
- May irritate penis or vagina
- High failure rate (21%)
- Expensive

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Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Intrauterine Device (IUD) (a small plastic device that contains copper or uses a natural hormone, inserted into the uterus to prevent conception)

Advantages:

- Can last from 1-10 years
- Low failure rate (2%)
- Does not affect a woman's hormones
- Convenient

Disadvantages:

- Increased risk of infection for women who have more than one sex partner or whose partner has other partners
- Does not protect from HIV infection or other STDs
- Can perforate uterus (rare occurrence)
- Can lead to iron deficiency
- May cause changes in menstrual blood flow
- May cause cramping after insertion
- Initial cost is high

Latex Condom (thin latex sheath worn over the penis during intercourse to prevent semen from entering the vagina)

Advantages:

- Available without a prescription
- Latex condoms protect from HIV infection and other STDs
- Safe for breastfeeding and non-breastfeeding mothers
- No side effects except for people with allergy to latex or spermicide
- Can be use with other methods

Disadvantages:

- May break during intercourse
- May interrupt sexual activity
- High failure rate (14%)

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Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Lunelle (monthly injection of hormones that keeps ovaries from releasing an egg, prevents sperm from joining with the egg, and prevents implantation of fertilized egg)

Advantages:

- Low failure rate (<1%)
- Convenient

Disadvantages:

- Does not protect from HIV infection or other STDs
- Risk of blood clots, stroke, heart attack
- May cause changes in menstrual blood flow (irregular menstrual periods or bleeding between periods)
- May cause weight gain
- Possible nausea and vomiting during first few cycles
- Must be taken on a monthly schedule

Mini Pill (low-dose contraceptive pill containing progestin, taken daily, that prevents egg release and causes uterus opening to thicken, which stops sperm from reaching the egg)

Advantages:

- Less risk of pelvic inflammatory disease (PID) and uterine cancer
- Safe for breastfeeding and non-breastfeeding mothers
- Safe for women who cannot take estrogen
- Low failure rate (3%)
- Fewer side effects and health risks when compared to combination birth control pills
- Light or no periods
- Less menstrual cramping

Disadvantages:

- Does not protect from HIV infection or other STDs
- Can cause irregular menstrual periods
- Less effective than combination birth control pills

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Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Natural Family Planning (Fertility Awareness Method) (not having sexual intercourse during the fertile period of a woman's menstrual cycle)

Advantages:

- No side effects
- Safe for breastfeeding and non-breastfeeding mothers
- Leads to greater body awareness
- Supplies (calendars, thermometers and charts) are easy to get
- Accepted by many religious groups

Disadvantages:

- High failure rate (25% with typical use, better rate with perfect use)
- Does not protect from HIV infection or other STDs
- Takes time to learn and track body signs each day
- Illness or lack of sleep can cause "false" temperature signals
- Vaginal infections, use of vaginal products, or medications may alter cervical mucus

Spermicides (Chemicals, such as nonoxynol-9, that kill sperm, available in suppository, foam, cream, gel, film, or tablet forms)

Advantages:

- Available without a prescription
- Can be used as a back-up method
- Safe for breastfeeding and non-breastfeeding mothers
- Easy to use

Disadvantages:

- May cause irritation or allergic reactions
- Can be messy
- High failure rate with typical use - 26% of women become pregnant in first year with typical use (6% with perfect use)

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Family Planning (continued)

Description, Advantages, & Disadvantages of Methods (continued)

Sterilization (surgical procedure in which reproductive organs are altered to prevent reproduction)

In men, the surgery is called vasectomy (the tubes that carry the man's sperm are cut). In women, the surgery is called tubal ligation (the tubes that carry the woman's eggs are blocked).

Advantages:

- The surgery is safe and recovery time is short
- No other method of birth control is ever needed
- Does not change a person's feelings or ability to have sex
- Very low failure rate (less than .5%)
- Safe for breastfeeding and non-breastfeeding mothers
- No lasting side effects

Disadvantages:

- Permanent (a person who has the surgery can usually not conceive children later on)
- Does not protect from HIV infection or other STDs
- May result in complications from surgical procedure
- Cost is high

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Family Planning (continued)

Contraceptive Failure Rates*

Method	% Failure Rate**
< 1% Failure Rate	
Abstinence	0
Vasectomy (Male Sterilization)	.15
Depo-Provera	.30
Tubal Ligation (Female Sterilization)	.50
Intrauterine Device (IUD), with copper	.80
2-5% Failure Rate	
Intrauterine Device (IUD), with hormones	2
Mini Pill	3
Birth Control Pill	5
>10% Failure Rate	
Latex Condom	14
Diaphragm	20
Cervical Cap***	20
Female Condom	21
Natural Family Planning	25
Spermicides	26

*From *Contraceptive Technology*, 17th Revised Edition (1998)

Based on **typical use which takes into account that people are NOT perfect users (condoms break and a woman may forget to take a pill).

***Applies to women who have not had a child.

Summary

Needs of Postpartum Woman

The new mother should be encouraged to:

- replace the nutrients lost during pregnancy and delivery,
 - return to a healthy weight,
 - eat a healthy diet,
 - see her doctor for the postpartum medical visit, and
 - consider family planning.
-

Nutrition Recommendations

Postpartum women should:

- eat a wide variety of foods with high nutrient density,
 - eat the recommended servings from each food group using the *Food Guide Pyramid* as a guide for family meal selection and preparation,
 - Use foods and recipes that require little or no preparation,
 - Take in plenty of fluids, and
 - avoid fad weight reduction diets, harmful substances, and excessive intake of fat, salt, caffeine, sugar, and artificial sweeteners.
-

Needs May Vary

The number of servings from each of the food groups recommended for a postpartum woman may differ slightly, depending on the woman's

- age,
 - body,
 - activity level (calories),
 - weight before pregnancy,
 - weight gained during pregnancy, and
 - breastfeeding status.
-

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Summary (continued)

Common Problems

Common problems and concerns of postpartum women include:

- anemia,
 - depression,
 - discomfort,
 - fatigue,
 - getting in shape, and
 - hemorrhoids.
-

Indicators of Nutritional Need

There are many indicators of nutritional need that make a postpartum woman eligible for WIC. These indicators may depend on whether she is a breastfeeding or non-breastfeeding woman. They include anthropometric, biochemical, clinical, and dietary indicators.

Family Planning

Family planning is planning how many children to have and when to have them.

Family planning methods include:

- abstinence,
 - birth control pill,
 - cervical cap,
 - Depo-Provera,
 - diaphragm,
 - female condom,
 - intrauterine device,
 - latex condom,
 - Lunelle,
 - mini pill
 - natural family planning,
 - spermicides, and
 - sterilization.
-

Glossary

abstinence – Abstinence is choosing not to have sexual intercourse.

anemia- Anemia is a condition in which the blood is low in iron.

anthropometric indicator- An anthropometric indicator is information about a person's body measurements, such as height, weight and circumference of the head, waist, arms or legs.

biochemical indicator- A biochemical indicator is information about a person's blood or urine such as hemoglobin (Hgb), hematocrit (Hct), blood sugar, and blood lead levels.

birth control pill- The birth control pill is a prescription pill, taken daily, that prevents the ovaries from releasing eggs.

case study- A case study is a description of a person or situation that is studied to decide on the best plan of action.

cervical cap- A cervical cap is a soft rubber cup placed over the cervix that prevents sperm from entering the uterus.

Cesarean section- A cesarean section is the cutting of the walls of the abdomen and uterus for delivery.

clinical indicator- A clinical indicator is information about a person's health history and present medical conditions.

constipation- Constipation is bowel movements that are difficult or less frequent than usual.

Depo-Povera- Depo-Povera is a synthetic hormone, usually injected into the upper arm or buttocks, that prevents ovulation.

diaphragm- A diaphragm is a dome-shaped latex cap that must be coated with spermicide and inserted in the vagina to cover the cervix before intercourse.

dietary indicator- A dietary indicator is information about a person's eating behaviors.

family planning- Family planning is planning how many children to have and when to have children.

Glossary (continued)

female condom- A female condom is a polyurethane (plastic) pouch with a flexible ring at both ends that is inserted into the vagina and placed over the cervix to prevent semen from entering the uterus.

Food Guide Pyramid- The *Food Guide Pyramid* is a food guide, in picture form, that shows what types and amounts of foods we need to eat each day to stay healthy.

hemorrhoids- Hemorrhoids are painful, dilated veins near the rectal area of the body.

intrauterine device (IUD)- An intrauterine device is a small plastic device, that contains copper or a natural hormone, that is inserted into the uterus to prevent conception.

latex condom- A latex condom is a thin latex sheath worn over the penis during intercourse to prevent semen from entering the vagina.

Lunelle- Lunelle is a monthly injection of hormones that keeps ovaries from releasing egg, prevents sperm from joining the egg, and prevents implantation of fertilized egg.

mini pill- The mini pill, taken daily, is a low-dose contraceptive pill containing progestin that prevents egg release and causes the uterus opening to thicken, stopping sperm from reaching the egg.

natural family planning- Natural family planning (also called the fertility awareness method) is not having sexual intercourse during the fertile period of a woman's menstrual cycle.

postpartum- Postpartum is the period of time after birth or delivery.

postpartum depression- Postpartum depression (sometimes called "baby blues") is a feeling of sadness after delivery that may last for several months.

role play- A role play is when 2 or more people act out a scene as though it was "real life." "Props" such as baby dolls or food models are not needed but may be helpful.

Glossary (continued)

spermicides- Spermicides are chemicals, such as nonoxynol-9, that kill sperm and are available in suppository, foam, cream, gel, film, or tablet forms.

sterilization- Sterilization is the surgical procedure in which reproductive organs are altered to prevent reproduction.

tubal ligation- Tubal ligation is the surgical procedure in which the tubes that carry the woman's eggs are blocked.

vasectomy- Vasectomy is the surgical procedure in which the tubes that carry the man's sperm are cut.